SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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2021 OCT 25 PM 2: 33

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COVER PAGE

TOWN AND CITY CLERK
BRISTOL, CT

1, NAME OF COMMITTEE										
MIELCARZ FOR	CITY CO	ONCIL		•						
2. TREASURER NAME										
First	M	<u>, and the section of the section of</u>	Last		A LONG TO A LONG TO		Suffix			
GARY			SAS	S <i>U</i>						
3. TREASURER ADDRESS	1.75 P. 1.15 P. 1.55 P.									
Street Address City						State	Zip Code			
34 DONUVAN CT BRISTOL						CT 06010				
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT	(Complete only	y if Candidate C	ommittee)		6.	DISTRICT NUMBE			
(mm/dd/yyyy)						(f c	applicable)			
17/02/2021		January Serial	and the market of the second				all the or leaved to the control (486) and the			
7. CANDIDATE NAME (Complete only if)	Candidate or Exploratory C		Last			in the alleged				
	1011	T					Suffix			
ROBERT		I Pikananan jakan	MIE	1 CARZ	इ.स.च्या					
8. TYPE OF REPORT (Check One Box)					8885					
☐ January 10 filing	☐ 7th day preceding	g primary	☐ 7th da	☐ 7th day preceding referendum			☐ Initial Contribution or Disbursement (PACs ONLY)			
☐ April 10 filing	☐ 30 days following	g primary	☐ 45 da	ys following referendum						
☐ July 10 filing	☐ 7th day preceding	g election	☐ Defic	☐ Deficit			Type of Report:			
October 10 filing	☐ 12th day precedir (State Central Commi		☐ Termination			OCT 10 FILING				
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following not held in Nover									
9. PERIOD COVERED										
	Beginning Date		Ending Date							
-	7/01/202	<u>/</u>	thru -	9/30/0021						
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the per					nis Iten	nized Campa	ign Finance			
		Co	ARV S	spssU		,	0/25/2021			
TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)										
A person who is	A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.									

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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	TYPE OF REPORT							
MELCARZ F	OCT 10 FILING-							
${f L}$	5. In-Kind Donations Not Consid	lered Contributions As	sociated with a	House Par	ty			
committee?					t supporting more than one candidate or Yes No complete Itemization in Addendum L5			
Street Address		City			State	Zip Code		
Description of Donation		·		Fair Ma	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate					
Name of Host	t supporting more than one candidate or Yes No complete Itemization in Addendum L5							
Street Address		City			State	Zip Code		
Description of Donation		<u> </u>		Fair Mai	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate					
Name of Host			committee?	supporting me Supporting me Yes Nomplete Itemize	0	ne candidate or		
Street Address		City	<u> </u>		State	Zip Code		
Description of Donation				Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate					
Name of Host			committee?		0	ne candidate or		
Street Address		City			State	Zip Code		
Description of Donation				Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	-this host/candidate					
		SUBTOTAL Section L5	5 — This Page	Ø				
		TOTAL of additional Sec		0	v			
TOTAL (ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on	OT CONSIDERED CON Line 22, Column A of Sumn		0	·			